



SOCCER UNLIMITED HOURLY EMPLOYMENT



Last Name		First Name		Middle Initial	Today's Date
Street/P.O Box		Apt. #	City	State	ZIP Code
Day Phone No.	Evening Phone No.		Social Security Number		Expected Hourly Pay Rate
Do you have reliable transportation to and from work during our hours of operation? [] Yes [] No			How many hours per week do you want to work? [] Yes [] No		

1. If hired, can you provide documentation to prove your legal right to work in the U.S.?..... [] Yes [] No

2. There may be some heavy lifting required as a function of your position.

Are you will and able to comply with this requirement?..... [] Yes [] No

3. Being on your feet for several hours is a necessary requirement of your position.

Are you will and able to comply with this requirement?..... [] Yes [] No

4. Have you ever applied for a position with Soccer Unlimited before? [] Yes [] No

If yes, which location? _____

What was the result? _____

5. Have you ever been employed by Soccer Unlimited before?..... [] Yes [] No

If yes, which location? _____

When? From: ____/____/____ To: ____/____/____
Month/Year Month/Year

What was your reason for leaving? _____

6. What commitments do you have, or have coming up, that may affect your schedule? _____

7. Please let us know the days you are regularly **AVAILABLE** (our hours of operation are M-F, 10-8 / Sat, 10-5 and Sun, 12-5.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AVAILABLE							

8. When would you be available to start? _____

9. Why are you interested in working for Soccer Unlimited? _____

10. How long would you intend on staying with Soccer Unlimited? _____

11. Please list any training or other information you feel you have that relates to Soccer Unlimited and the position you are applying for. _____

EMPLOYMENT HISTORY			
	Most Recent Employer	Previous Employer	Previous Employer
Name of Employer			
May we contact this employer? If no, please explain.	[] Yes [] No	[] Yes [] No	[] Yes [] No
Supervisor's Name			
Phone Number			
Employment Dates	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Position(s) Held			
Brief Description of Duties and Responsibilities.			
Hourly Pay Rate	Start: _____ Last: _____	Start: _____ Last: _____	Start: _____ Last: _____
Reason for Leaving			

EDUCATION			
School	Last Grade/Level Completed	Diploma/Degree	Course/Major
High School			
College			

STATEMENT

I CERTIFY THAT THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT. I AUTHORIZE SOCCER UNLIMITED TO AT ANY TIME, PROCURE A CONSUMER REPORT ON ME. I AUTHORIZE SOCCER UNLIMITED TO CHECK ALL PERSONAL AND EMPLOYMENT REFERENCES AND TO VERIFY ALL INFORMATION I HAVE INCLUDED IN THIS APPLICATION FORM.

I FURTHER UNDERSTAND THAT I HAVE THE OPTION TO TERMINATE MY EMPLOYMENT RELATIONSHIP WITH SOCCER UNLIMITED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. AT ANY TIME, AND SOCCER UNLIMITED RETAINS THE SAME RIGHTS. I UNDERSTAND THAT, IF I AM HIRED, ALL BENEFITS, POLICIES, PRACTICES AND PROCEDURES MAY BE CHANGED BY SOCCER UNLIMITED AT ANY TIME WITH OR WITHOUT NOTICE. I UNDERSTAND THAT THIS APPLICATION, SOCCER UNLIMITED POLICIES, PRACTICES AND PROCEDURES AND ALL OTHER COMMUNICATION DISTRIBUTED TO ME BY SOCCER UNLIMITED WHETHER WRITTEN OR VERBAL BEFORE HIRE OR AFTER I AM EMPLOYED DOES NOT CONSTITUTE OR SUPPLEMENT ANY CONTRACT OF EMPLOYMENT. I FURTHER UNDERSTAND THAT NO AGENT, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY PROMISES OR AGREEMENTS CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY THE OWNER(S) OF THE COMPANY.

Signature: _____ Date: _____